

APPLICATION INFORMATION

Application number::
Filing Date::
Application Type:: Continuation
Title:: OPTIMIZATION OF A COMMUNICATIONS SYSTEM
BASED ON IDENTIFICATION OF AN OPTICAL
MEMBER

Attorney Docket Number:: 9-13528-85us-1
Request for Early Publication?:: NO
Request for Non-Publication?:: NO
Total Drawing Sheets:: 6
Small Entity?:: NO
Petition included?:: NO
Secrecy Order in Parent Appl.?:: NO

INVENTOR INFORMATION

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: KIM
Middle name:: B
Family name:: ROBERTS
Name Suffix::
City of Residence:: NEPEAN
State or Province of Residence:: ON
Country of Residence:: CANADA
Street:: 10 MISSION INN GROVE

City:: NEPEAN
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K2R 1C6

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: MAURICE
Middle name:: S
Family name:: O'SULLIVAN
Name Suffix::
City of Residence:: OTTAWA

State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street:: 24 JULIAN AVENUE

City:: OTTAWA
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K1Y 0S5

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: PAUL
Middle name:: A
Family name:: WARREN
Name Suffix::
City of Residence:: NEPEAN
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street:: 5 CALAIS COURT

City:: NEPEAN
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K2E 7E1

Inventor Authority Type:: INVENTOR
Primary Citizenship Country:: CANADA
Status:: FULL CAPACITY
Given name:: LES
Middle name:: C
Family name:: CHAN
Name Suffix::
City of Residence:: NEPEAN
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street:: 321-1130 MEADOWLANDS DRIVE

City:: NEPEAN
State or Province:: ON
Country:: CANADA
Postal or Zip Code:: K2E 6J1

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988
Phone number:: (514) 845-7126
Fax:: (514) 288-8389
E-Mail Address:: swabey@ogilvyrenault.com

REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

DOMESTIC PRIORITY INFORMATION

Application:: 09/481,691	Continuity Type::	Parent Application::	Parent Filing Date:: 01/12/200
			MM/DD/YY
			MM/DD/YY
			MM/DD/YY